Crisis Intervention in Recreational Settings:

Data From Kosmicare 2010 Process Evaluation Results.

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I. Introduction

1. General Framework and need for intervention

- Increased overall PAS use; decrease in problematic use (IDT/Balsa, 2007).
- Changing nature of PAS use trends and poly-drug use (normalized conducts; recreationnal settings) (EMCDDA, 2009, 2006; Griffiths et al, 1997; Parker et al, 2002; Parker et al, 1998).
- Intervention is yet to adjust to this changing scenario.
- Personal crisis can develop and be enhanced by PAS effects because of number of factors in recreational settings (Puente, 2009; Ventura, 2008).
- Potential risk between PAS use and mental health problems addressable by crisis intervention (Grof, 1994).
- Favorable legal context of Portuguese decriminalization law.
- No evaluation of crisis intervention project Kosmicare at Boom Festival up to the present.

2. Program Goals

- Reduce harm associated with use of PAS.
- Share information (PAS, potential effects, benefits and risks).
- Implement health promotion intervention; diminish risk of mental illness associated w/ the use of PAS, through crisis intervention.
- Transform unpleasant psychedelic (crisis) experience in constructive experience offering a safe and protective environment where processing and integration can unfold.

3. Research Goals

- Describe Kosmicare intervention process; contribute to evidence-based intervention in crisis related to PAS in recreational settings.
- Monitor Kosmicare implementation at Boom Festival.
- Evaluate intervention (process and outcome; quantitative and qualitative). Specifically – Project Implementation; Team Satisfaction; Targets Satisfaction.

II. Program Structure

kosmicare

- **Prevention/Risk Minimazation**
  - CHECK-In/ APDES/Porto/Portugal — ✓TLC Pill-Testing; information; outreach
  - Erowid/USA — ✓Information; outreach; consultancy
  - IDT,I.P./Lisbon/Portugal — ✓ Health care; information; consultancy
- **HR (Harm Reduction)**
  - KC Dome — ✓ Crisis Intervention in PAS use (Psychedelic Psychotherapy; Crisis Intervention Models; Harm Reduction Principles); Siting; Facilitation.

- **Pilot (1)**
- **Co-Pilot (2)**
- **Secretaries (3)**
- **Team Leader (4)**
- **Sitter (31)**

Medical Support (Psyquiatry; Nursing; Homeopathy) (5)

Consultants (MAPS; Erowid; IDT) (8)

Research Team (n=4)

2. Data Collection & Instruments

- Mixed Methods Approach
- SWOT Analysis
- Open and closed items
- Semi-inductive Content Analysis/Thematic
- Qualitative Analysis Research Software Nvivo8

III. Method

1. Sample

KOSMICARE TEAM (N=36)	51% previous experience at the Festival 67% no previous experience at Kosmicare Team Multilingual; Multiskilled
VISITORS (N=122)	Ranging from 18-40 Y.O.A. (15% 25 Y.O.A. est.) n=82 male 68% first time at Boom Festival 42% European Countries (Portugal, France, UK, etc.)

Arrival — *Visitor Feedback Form* (Arrival) (by sitter)

Intervention — *Intervention Form* (by sitter); *Shift Report* (by Team Leader)

Departure — *Visitor Feedback Form* (Departure) by Research Assi.; Visitor Report/Departure (by sitter)

After Intervention — *Staff feedback Form* (by team members) Up to 2 months after intervention (e-mail)

IV. Results

Where expected target groups covered by intervention?

PAS	LSD	MDMA	Amph	Ket	Coc	Cann	2CB	Mush	Oth (OC, GHB, Op., Metad., methil., Proscal., Zopid., Zimov.)	Alcoh
Frequencies	68	24	17	7	7	16	5	3	1	24
Percentage	52,3 %	18,5%	13,1%	5,4 %	5,4 %	12,3 %	3,8%	2,3%	0,8%	18,5%
N	122	122	122	122	122	122	122	122	122	122

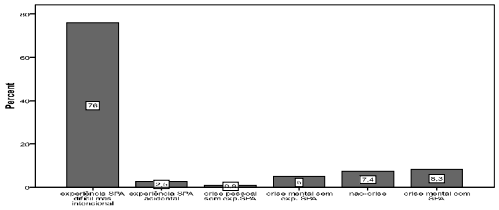
Table 1. Reported PAS use by Visitors

Nº PAS	FREQ	%
0	12	9,20%
1	57	43,80%
2	30	23,10%
3	6	4,60%
4	8	6,20%
5	2	1,50%
7	1	0,80%
	N= 116	

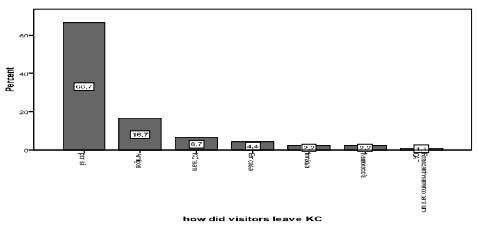
Table 2. Nr PAS reported per Visitor

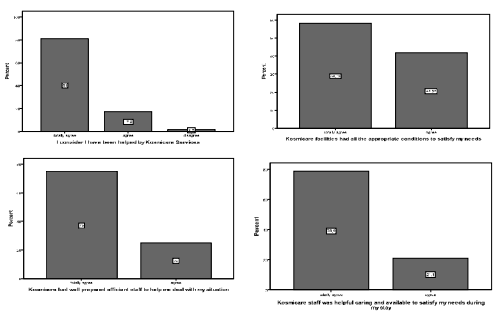
% line:	MDMA	Amph	Ket	Coc	Cann	2CB	Mushr	Alc
LSD	8 / 6% / 129	4 / 3% / 128	3%	4,6 %	5,5 %	1,5 %	1,5 %	34 %
MDMA		4 / 3% / 130	1,5 %	1,5 %	1,5 %	0%	0%	9% 46
Amph			2%	0%	4,5 %	1,5 %	0%	13 % 46
Ket				0,7 %	0,7 %	0,7 %	0%	6,5 % 46
Coc					2,3 %	0,7 %	0%	9% 46
Cann						0,7 %	0%	11 % 46
2CB							0%	4% 46
Mushr								0% 46

Table 3. Polydrug uses – frequent combinations



Was Kosmicare intervention appropriate for targets' needs?





KC Implementation	Totally disagree	Disagree	Agree	Tottaly agree
Project's degree of implementation was high(n=24)	8,3%	12,5%	66,7%	12,5%

Visitor's acceptance of intervention	Totally disagree	Disagree	Agree	Totally agree
Was positive. (n=33)	3%	3%	30,3%	63,6%
	Totally disagree	Disagree	Agree	Totally agree
KC was effective achieving its goals. (n=31)	0%	0%	61,3%	38,7%
KC is relevant. (n=32)	0%	0%	18,2%	81,8%
KC is able to satisfy intervention's needs (n=31)	0,0%	12,9%	71,0%	16,1%

Tables 4 and 5. Team perception of intervention efficacy

Was intervention regularly and intensively offered?

Festival Day	Freq	%
1º	6	4,6%
2º	23	17%
3º	30	23%
4º	11	8,5%
5º	9	6,9%
6º	11	8,5%
7º	25	19,2%
8º	8	6,20%
Total	123	94,6%

Table 6. Nr. Of visitors per intervention day

Shift	Freq	%
07:00 to 15:00	33	25,4%
15:00 to 23:00	51	39%
23:00 to 07:00	42	32%
Total	N=126	96,9%

Table 7. Nr of visitors per intervention shift

Permanency	Frequencies	%
1 a 5 hours	49	52,70%
6 a 10 hours	18	19,40%
11 a 15 hours	12	12,90%
16 a 20 hours	2	2,20%
21 a 25 hours	7	7,50%
26 a 37 hours	4	4,30%
65 a 75 hours	1	1,10%
Total	93	100,00%

Table 8. Nr of hours per intervention target

How was team satisfaction with the project? (themes)

	S	W	O	T
Satisfaction w/ working conditions	KOSMICARE Dome	Food Location Safety	Improve Structure	Safety problems Demotivation Fatigue/Exhaustion
Satisfaction w/ project implementation	Efficacy; Space (KC Dome)	Location Paramedics	Expansion Climate in the Team Learning	Psychiatric situations
Satisfaction w/ project team	Commitment Diversity Competence Cohoperation Motivation	Coordination Poor human resources management	Promote Cohesion	Improve articulation w/ partners in the field
Satisfaction w/ Festival Organizers	Festival Production	Safety Location Support to KC	Change Location Increase Divulgation	Safety problems Depreciation.